

Campus Driver Application

(Print Clearly Please!)



A. The Driver named below is authorized to take the Campus Driver's Test

Department Head Name: _____ Signature: _____

Department Name: _____ Project ID: _____ Work Phone: _____

B. Driver Details (as per drivers license)

Last Name: _____ First Name: _____ Birth Date: _____

Country: _____ (of driver's license) Status: Staff Student Mission Builder Volunteer

License Expires: ____ / ____ / ____
dd mm yy

C. Accidents or Tickets (last 3 years only)

Have you been the driver in an accident that was your fault (as deemed by Insurance company)? Yes No

If yes, DATES and DETAILS _____

Have you had any moving violations (tickets) issued to you? Yes No

If yes, DATES and DETAILS _____

D. Compliance

If I qualify to be a Campus Driver: (check all that apply)

- I will comply with both the U of N Kona Driver's Guidelines (attached) and the driving laws of the State of Hawaii.
- I understand that failure to comply with these guidelines / laws could mean a termination of my U of N Kona driving privileges.
- I understand that all Campus Driver's licenses expire at 12/31 each year and that I will need to complete a "Campus Driver's Renewal Form" if I need to renew.
- I will immediately bring my new license to Campus Services when my country / state license expires.

Name _____

Signature _____

____ / ____ / ____
mm dd yy

E. Driver Performance Test

Category	Comment	Pts	Score	Fail	Category	Comment	Pts	Score	Fail
1. Following Distance	Too close	5			5. Right of Way	Fails to yield to Vehicle/Pedestrian	10		
	Dangerous			F		Fails to yield to Emergency Vehicle			F
2. Speed	Too slow—impeding traffic	5			6. Intersections, Stop Signs, Traffic Lights	Dangerous			F
	Too fast—ability / conditions	5				Fails to come to a complete Stop	10		
	Uneven speed	5				Fails to stop at line	5		
	Dangerous			F		Fails to observe	10		
3. Signaling	Improper / Poor	5				Poor judgment approaching or at	5		
	Wrong signal	5				Blocking Intersection, crosswalk	10		
	Fails to signal	5				Approach too fast	5		
4. Turns	Brakes in turn	5				Dangerous			F
	Ends in wrong lane	5			7. Other	Fails to observe blind spot	10		
	Cuts corner	5				Fails to keep right, Improper Lane Usage	5		
	Excessive speed on turns	10				Fails to use caution / anticipate actions	10		
	Dangerous			F	8. Reversing	Ability to reverse vehicle into parking spot			F
TOTAL POINTS (20 or more points is a FAIL)									

Examiner: _____ Date: ____ / ____ / ____
mm dd yy Test Result (circle): Pass Fail